GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation
& Licensing Administration

SENT VIA FACSIMILE and US MAIL

January 17, 2008

Ron Raghunandan
CEO/CFO
Individual Development, Inc.
1420 N Street, NW Suite 9
Washington, DC 20005

RE: 2620 24th Street, NE

Dear Mr. Raghunandan:

On **December 28, 2007** a follow-up survey was conducted at the facility identified above to determine if the facility had regained compliance with the Federal Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The revisit resulted in a finding that even though progress had been made in correcting previously cited condition level deficiencies that resulted in the proposed enforcement action, continuing condition-level and standard-level deficiencies remained and preclude finding your facility in compliance with the requirements.

Enclosed are the continuing deficiencies. You have an opportunity to submit a second credible allegation of compliance; however, you must submit documentation to support this allegation. Once the allegation of compliance have been received and approved, surveyor(s) from this office will revisit your facility to verify compliance. If the revisit result in a determination that you have corrected the deficiencies and your facility is in substantial compliance with the Conditions of Participation, this office will recommend to the Department of Health, Medical Assistance Administration (MAA), renewal of your Provider's Agreement.

This office will recommend termination of your federal participation if (1) this office does not receive a credible allegation of compliance by **February 1, 2008**; (2) if you submit a credible allegation of compliance, but are found not to have been in substantial compliance by **February 1, 2008**. We will recommend that the termination date will be **February 13, 2008**, ninety (90) days after the survey completion date.

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Health Regulation Administration

SAMPLE SELECTION FORM

Survey Period
From: 12/27/07
To: 12/28/07

[redacted]

Provider Name: IDI 2620 24th St, NE Provider Number: 09-G120

Names	Functional Level	Core	Add-On	Client Identifiers
Pamela Oliver	Profound	☒	☐	#1
Xenthian Lewis	Moderate	☒	☐	#2
Carol Anne Lewis	Moderate	☒	☐	#3
Paula Toliver	Profound	☒	☐	#4
Bernice Robinson	Moderate	☐	☐	#5
Claudia Coleman	Profound	☐	☐	#6
Valerie Newton	Profound	☐	☐	#7
Jarniese Daniels	Moderate	☐	☐	#8
		☐	☐	

Jude Jules
Team

12/28/2007
Date

Should the Health Regulation Administration recommend termination of your federal participation, the MAA will contact you with its determination. The MAA will also apprise you of your hearing rights pursuant to 42 CFR 431.151-154.

If your participation in the Medicaid program is terminated, your facility will not be readmitted to the program unless you can demonstrate to this office that the reason for the termination has been removed and there is a reasonable assurance that it will not recur.

If you have any questions regarding this matter, please contact Ms. Sheila Pannell, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

Patricia W. VanBuren
Program Manager

Enclosures

Cc: Medical Assistance Administration (MAA)
Department on Disabilities Services (DDS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G120	A. BUILDING _____ B. WING _____	R 12/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
I D I	2620 24TH STREET, NE WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS A revisit was conducted on 12/27/2007 to verify compliance with the federal requirements of participation under the Condition of Active Treatment. The findings of the revisit were based on staff interview, record review and a review of the facility's presented plans of correction. The result of the survey revealed that the facility continued to be in a state of noncompliance with regards to their actions to address the citations in the area of Active Treatment.	{W 000}		
{W 100}	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to employ the necessary proactive measures to manage the day program service needs of its clients as specified in their plan of correction. The finding includes:	{W 100}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 100}	Continued From page 1 During the re-certification survey conducted on 11/07/07, the facility was cited for failing to ensure that a day program staff (nurse) was familiar with techniques used to decrease Client #1's fear/anxiety prior to approaching and/or assisting her. In response to that citation, the facility alleged that by 12/27/2007: 1. The Qualified Mental Retardation Professional (QMRP) and the facility ' s Licensed Practical Nurse would meet with the day program and provide additional training on Client #1 ' s Behavior Support Plan and Individual Support Plans. 2. The Qualified Mental Retardation Professional (QMRP) would conduct onsite visits to further ensure compliance with the above standards. These day program visits would be documented and maintained on file for review. Interview and subsequent record review with the facility ' s Qualified Mental Retardation Professional (QMRP) on 12/28/2007 at 11:24pm revealed none of the above actions had been undertaken as of the date of this revisit. The facility failed to employ the necessary proactive measures as outlined in their plan of correction.	{W 100}		
{W 120}	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to employ the necessary proactive	{W 120}		

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{W 120}	Continued From page 2 measures to manage the day program service needs of its clients as specified in their plan of correction. The finding includes: During the re-certification survey conducted on 11/07/07, the facility was cited for failing to ensure that a day program staff (nurse) was familiar with techniques used to decrease Client #1's fear/anxiety prior to approaching and/or assisting her. In response to that citation, the facility alleged that by 12/27/2007: 1. The Qualified Mental Retardation Professional (QMRP) and the facility ' s Licensed Practical Nurse would meet with the day program and provide additional training on Client #1 ' s Behavior Support Plan and Individual Support Plans. 2. The Qualified Mental Retardation Professional (QMRP) would conduct onsite visits to further ensure compliance with the above standards. These day program visits would be documented and maintained on file for review. Interview and subsequent record review with the facility ' s Qualified Mental Retardation Professional (QMRP) on 12/28/2007 at 11:24pm revealed none of the above actions had been undertaken as of the date of this revisit. The facility failed to employ the necessary proactive measures as outlined in their plan of correction. Based on observation, interview and record review, the facility failed to ensure that outside	{W 120}		

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{W 120}	Continued From page 3 services met the needs of one of four clients in the sample (Client #1). The finding includes: The facility failed to ensure day program staff (nurse) was familiar with techniques used to decrease Client #1's fear/anxiety prior to approaching and/or assisting her. Observation and interview the with the Facility Coordinator at the residential facility on November 5, 2007 at 8:15 AM revealed the client was blind. Continued observation at Client #1's day program on November 6, 2007 at 11:48 AM revealed the client arriving to the day program. It should be noted that the client utilizes a wheelchair for ambulation. At 12:12 PM, a nurse was observed to approach Client #1 and remove her from the treatment/classroom area without communicating any information with her. At which time, the surveyor asked the nurse where she was taking the Client #1? The nurse responded and revealed that it was time for Client #1's g-tube feeding. When the nurse arrived in the nurse's station she said "[client's name] I'm giving you a g-tube feeding." At 12:14 PM, the nurse asked the surveyor if she could give her a few minutes and left the client in the nurse's station alone with the surveyor. The nurse was not observed to communicate to Client #1 her intentions to leave the area. At 12:15 PM, the nurse returned. At 12:16 PM, the nurse was observed to lift Client #1's shirt without informing the client that she had returned and failed to indicate that she was going to begin Client #1's feeding. The client was immediately observed to grasp the nurse's hand, while simultaneously	{W 120}		

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{W 120}	Continued From page 4 digging her nails into the nurse's hand. The nurse commented "she does this everyday." At 12:18 PM, the nurse was observed to check the client's g-tube placement. The client was again observed to dig into the nurse's hand with her nails. The nurse asked the client to "please stop scratching her." At 12:19 PM, the nurse was observed to rub Client #'s 1 hand without informing her. The client appeared to be startled and grabbed the g-tube. At 12:20 PM, the feeding was completed and the nurse was observed to secure Client #1's abdominal bandage, covering her g-tube. The nurse was not observed to communicate with the client before securing the bandage. Client #1 was again observed to dig into the nurse's hand with her nails. Interview with the day program's nurse on November 6, 2007 at 12:22 PM, confirmed that Client #1 was known to exhibit a scratching behavior. According to the nurse, communicating your intentions or failure to communicate your intentions with Client #1 resulted in being scratched. Interview with the Support Services Coordinator (SSC) on November 6, 2007 revealed that Client #1 did not have a Behavior Support Plan (BSP) to address scratching. According to the SSC, the client was known to exhibit the aforementioned scratching behavior if you failed to communicate with her prior to approaching her. Review of Client #1's Individual Support Plan (ISP) on November 6, 2007 at 4:01 PM revealed a section entitled "Things That Work." In that section, the ISP referred to a "Standard Procedure for Scratching." Continued record	{W 120}		

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{W 120}	Continued From page 5 review and interview with the Qualified Mental Retardation Professional (QMRP) revealed that the facility did not have a document the aforementioned procedure. Further review of the ISP documented that when unfamiliar persons entered the client's personal space Client #1 was known to scratch them. According to the plan, when Client #1 scratched a person it meant that she "does not know the person and would like him/her to move away and/or leave her alone." Continued review of the ISP at 4:15 PM revealed a section entitled, "My life's Story." The section documented that Client #1 was "easily frightened by sudden approach." Additionally, it documented that if Client #1 was "unfamiliar with your voice, she would scratch you if you touched her...." It further documented that Client #1 liked to feel a person's face in order to recognize them. At the time of the survey, the facility failed to ensure Client #1's known/exhibited scratching behavior had been addressed at the day program.	{W 120}		
{W 149}	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to establish and/or implement policies to ensure its client's health and safety as presented in their plan of correction. The finding includes:	{W 149}		

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{W 149}	Continued From page 6 1. During the re-certification survey conducted on 11/07/07, the facility was cited for " failing to ensure the implementation of its ' Incident Management ' policy as outlined " . The provider alleged that by 12/21/2007, the QMRP would receive additional training on the incident management policy. In addition, that training and the follow-up actions would be documented and filed for record keeping. Interview and record review with the QMRP on 12/28/07 at 11:52pm revealed there was no evidence on file at the time of the revisit to substantiate that the QMRP received the said training. In addition, the QMRP was not aware he was to have additional training on the facility ' s Incident Management Policy. 2. During the re-certification survey conducted on 11/07/07, the facility was cited for failing to ensure the medication nurse followed its " Disposal of Medication and Non-controlled Substances " policy. Interview with the facility ' s Director of Nursing on 12/28/07 at 11:46pm revealed she had met with the nurse in question and instructed her to re-read the " disposal of medication " policy and to become more familiar with it. Record review with the facility ' s QMRP at 11:47pm revealed there was no evidence on file or presented during the monitoring visit to substantiate that these actions had been taken. 3. The facility alleged that by 11/1/2007 and in an " ongoing " fashion, the Incident Management Coordinator would review all incidents and follow-up recommendations via the implementation of a tracking system. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 12/12/2007 at 3:59pm revealed she was not aware of the " tracking "	{W 149}		

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{W 149}	Continued From page 7 system that was mentioned in the plan of correction and that this was all managed at the Administration ' s Office. There was no evidence presented or on file at the time of survey to substantiate that the facility enacted a " tracking system " that would ensure the timely monitoring/review of all reportable incidents. Based on interview and record review, the facility failed to establish and/or implement policies that ensured the client's health and safety, for three of the clients (Client #2, #4, and #8) residing in the facility. The findings include: 1. The facility failed to implement its "Disposal Of Medication and Non-controlled Substances" policy as outlined. Observation of the morning medication administration on November 5, 2007 at 7:55 AM revealed Client #2 received medications including Lessina. The client was observed to drop the medication on the floor of her bedroom as she attempted to take it out of the medication cup. The medication nurse was then observed to pick up the dropped pill (Lessina) off of the floor and discard it in the garbage can located in the client's bedroom. After discarding the medication, the nurse was observed to punch out a fresh pill from the bubble pack and administered it to the client. Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:43 AM, to ascertain information regarding the facility's policy on the disposal of	{W 149}		

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{W 149}	Continued From page 8 contaminated/wasted medications. According to the QMRP, the medication nurse was to inform the Licensed Practical Nurse (LPN) supervisor and Director of Nursing (DON) of the contaminated/wasted medication. The QMRP further revealed that the doctor was to be informed of the wasted/contaminated medication and it was to be disposed of in the sharps container located in the locked medication cabinet. Afterwards, the disposal of the medication was to be documented in the client's Medication Administration Record (MAR). Interview with the medication nurse on November 5, 2007, at 9:48 AM revealed that the dropped medication must be documented and the incoming nurse must be made aware of it. The nurse further revealed that the dropped medication was to be placed in the trash. Interview with the LPN Coordinator/ Staff Coordinator on November 5, 2007, at 10:15 AM revealed the medication, if crushable, should be crushed and disposed of in the sharps container. The LPN Coordinator/Staff Coordinator further revealed that the medication should not have been disposed of in the garbage can. Review of the facility's " Disposal Of Medication and Non-controlled Substances " on November 5, 2007 at 10:34 AM revealed that an employee should witness the disposal of damaged and expired medications. Further review of the policy revealed that "all vials, ampoules, needles, and expired tine tests" were to be disposed of in the sharps container. The policy further revealed that "all pills, liquids, and other types of containers (e.g. tubes, bottles)" should be placed in secured plastic bags and then the bag should be placed in	{W 149}		

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{W 149}	Continued From page 9 the medical waste container/box for disposal. At the time of the survey, the facility failed to ensure the medication nurse followed its " Disposal Of Medication and Non-controlled Substances" policy. 2. The facility failed to ensure the implementation of its "Incident Management" policy as outlined. The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: a. An incident report dated October 15, 2007 revealed Client #4 was discovered with a scratch on her left jaw. Continued record review and interview with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 12:06 PM revealed that an investigation was completed but there was no documented evidence of the completion date for the investigation. Further interview with the QMRP revealed that he/she thought that the investigation was completed on October 30, 2007 (fifteen days after the incident was reported). There was no documented evidence that revealed the investigation had been reviewed by the administrator or a designated representative. b. An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. Further review of the incident report revealed that the QMRP conducted an investigation however, there was no evidence of the date the investigation was completed. Interview with the QMRP on November 5, 2007 at 12:06 PM revealed that he/she started the investigation immediately but, he/she could not recollect the date the investigation was	{W 149}		

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{W 149}	Continued From page 10 completed. There was no documented evidence that revealed the investigation had been reviewed by the administrator or a designated representative. It should be noted that further interview with the QMRP on November 5, 2007, at 10:20 AM revealed investigations were to be initiated immediately and completed within thirty days. Review of the facility's "Incident Management" policy on November 5, 2007 at 1:15 PM revealed that the results of investigations should be reported to the Incident Management Coordinator within four days. The policy further documented that the results of investigations should be forwarded to the Health Regulatory Administration and MRDDA Incident Management Unit within five working days. At the time of the survey, the facility failed to ensure the implementation of their "Incident Management" policy as outlined.	{W 149}		
{W 159}	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP), as presented in their plan of correction. The findings include:	{W 159}		

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{W 159}	Continued From page 11 During the re-certification survey conducted on 11/07/07, the facility ' s QMRP failed to ensure the necessary coordination of services as presented in the deficiencies presented below. Interview and record review with the QMRP on 12/28/2007 revealed none of the previous citations presented below had been addressed. 1. The QMRP failed to ensure that outside services met the client's needs. [See W120] 2. The QMRP failed to ensure each employee was provided with initial and continuing training that enabled them to perform their duties effectively, efficiently, and competently. [See W189] 3. The QMRP failed to ensure that as soon as the interdisciplinary team formulated the individual program plan (IPP), clients received a continuous active treatment consisting of needed interventions to achieve identified objectives. [See W249] 4. The QMRP failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. [See W252] 5. The QMRP failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective. [See W255] 6. The QMRP failed to ensure that self-medication training programs had been designed to address the identified lack of skills in	{W 159}		

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{W 159}	Continued From page 12 that domain. Interview with the facility ' s QMRP at 12:05pm revealed he has not met with the facility ' s nursing staff to re-address this citation as presented in their plan of correction. Based on observation, interview and record verification, the facility failed to ensure each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP), for four of the four clients (Clients #1, #2, #3, and #4) included in the sample. The findings include: 1. The QMRP failed to ensure that outside services met the client's needs. [See W120] 2. The QMRP failed to ensure each employee was provided with initial and continuing training that enabled them to perform their duties effectively, efficiently, and competently. [See W189] 3. The QMRP failed to ensure that as soon as the interdisciplinary team formulated the individual program plan (IPP), clients received a continuous active treatment consisting of needed interventions to achieve identified objectives. [See W249] 4. The QMRP failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. [See W252]	{W 159}		

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{W 159}	Continued From page 13 5. The QMRP failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective. [See W255] 6. The QMRP failed to ensure that self-medication training programs had been designed to address the identified lack of skills in that domain. Observation of the morning medication administration on November 5, 2007 beginning at 7:22 AM revealed both Clients #2 and #3 received oral medications. The medication nurse was observed to punch all of the medications from each client's bubble pack and provide the clients with a beverage to take after receiving their medications. Client #2 was observed to take her medications from the medication cup and individually place them into her mouth. Interview with the Facility Coordinator (FC) on November 5, 2007 at 9:57 AM revealed that none of the clients in the facility had a self -medication program. Interview with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:59 AM also revealed that none of the client's in the facility had a self-medication program. Review of Clients #2 and #3's records on November 7, 2007 at 2:21 PM and 6:20 PM respectively, revealed both clients had Self-Medication Assessments. According to Client #2's assessment dated March 5, 2007 and Client #3's assessment dated September 4, 2007, both clients lacked skills in the domain of self-medication administration. Client #2's	{W 159}		

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{W 159}	Continued From page 14 assessment further revealed that she had not been approved for a self-medication program due to her cognitive and physical impairment. Continued review of Client #3's assessment revealed the client had not been approved for a self-medication program due to her physical impairment. It should be noted that interview with the QMRP on November 5, 2007 at 8:47 AM revealed that three clients (Clients #3, #5, and #8) were going to be moved to a supervised apartment setting in the waiver system. At the time of the survey, the QMRP failed to ensure training programs had been designed to address the identified lack of skills in the domain of self-medication administration.	{W 159}		
{W 189}	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently as presented in their plan of correction. The findings include: 1. The facility failed to provide evidence that nursing staff were effectively trained on the	{W 189}		

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{W 189}	Continued From page 15 facility's "Disposal of Medication and Non-controlled Substances" policy. [See W149] 2. The facility failed to provide evidence that the Qualified Mental Retardation Professional was effectively trained on the facility's "Incident Management" policy. [See W149] 3. The facility failed to ensure that the QMRP received additional training on implementing the objectives and services of the current IPP/ISPs as presented in their plan of correction. [See W249] Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The facility failed to provide evidence that nursing staff were effectively trained on the facility's "Disposal Of Medication and Non-controlled Substances" policy. (See W149, 1) 2. The facility failed to provide evidence that the Qualified Mental Retardation Professional was effectively trained on the facility's "Incident Management" policy. (See W149, 2)	{W 189}		
{W 195}	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met.	{W 195}		

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{W 195}	Continued From page 16 This CONDITION is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure continuous active treatment services (See W196 and W249); failed to ensure the accurate and consistent documentation of each client's formal programs (See W252); and failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective (See W255). The effects of these systemic practices resulted in the facility ' s failure to enact and/or implement the necessary measures to ensure the delivery of continuous active treatment services as presented in their plan of correction. _____ Based on observation, staff interview and record review, the facility failed to ensure continuous active treatment services (See W196 and W249); failed to ensure the accurate and consistent documentation of each client's formal programs (See W252); and failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective (See W255). The effects of these systemic practices resulted in the failure of the facility to ensure the delivery of continuous active treatment services.	{W 195}		
{W 196}	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive,	{W 196}		

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{W 196}	Continued From page 17 consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to enact and implement the necessary measures to ensure that each client received continuous active treatment services as presented in their plan of correction. The findings include: 1. The facility failed to ensure that outside services met Client #1's needs. (See W120) 2. The facility failed to ensure clients received continuous active treatment services in the form and frequency specified in each client's Individual Support Plan. (See W249) 3. The facility failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. (See W252) 4. The facility failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed the objective. (See W255)	{W 196}		

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{W 196}	Continued From page 18 Based on observation, interview and record review, the facility failed to ensure each client received continuos active treatment services, for four of the four clients (Clients #1, #2, #3 and #4) included in the sample. The findings include: 1. The he facility failed to ensure that outside services met the Client #1's needs. (See W120) 2. The facility failed to ensure clients received continuous active treatment services in the form and frequency specified in each client's Individual Support Plan. (See W249) 3. The facility failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. (See W252) 4. The facility's failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed the objective. (See W255)	{W 196}		
{W 249}	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	{W 249}		

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{W 249}	Continued From page 19 This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to employ the necessary systems to ensure the immediate implementation of a client ' s approved individual program plan as presented in their plan of correction. The findings include: Interview and subsequent record review with the facility ' s Qualified Mental Retardation Professional (QMRP) on 12/28/2007 at 12:18pm revealed the facility is still without an effective system for ensuring the implementation of approved Individual Program Plans. The facility alleged in their plan of correction that the QMRP " would review programming documentation on a weekly basis ... to further ensure that active treatment is continuous and supports the achievement of the objective. " During the record review of Client #1 and #2 ' s programming data it became evident that the facility was still out of compliance with the requirements of this section. There was no evidence that the client ' s programming data was being review weekly nor was there any evidence that an effective system had been implemented to ensure as such. Examples: 1. Record review on 12/28/2007 revealed Client #1 ' s approved " hand grooming " program was written to be implemented on a daily basis. Review of the data collection sheets revealed the program was only being implemented three days a week and the QMRP could not provide an	{W 249}		

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{W 249}	Continued From page 20 explain for the discrepancy. 2. Record review on 12/28/2007 revealed Client #3 ' s IPP listed a functional habilitation program where she would " select the software program she wishes to use on the computer for 4 out of 5 trials as measured by active treatment documentation " . The QMRP attempted to demonstrate the steps of the program, but was not able to do so. The computer works, but it is not clear what "choices" Client #3 has with regards to the many possible choices across the various applications installed on the computer. In addition, the QMRP stated that her " choices " were limited to an application for creating greeting cards. He was not able to get the greeting card application to work. The QMRP later indicated that due to client #3 ' s physical condition (contractures), she would never be able to physically manipulate the components of the computer (keyboard, mouse, etc.). Client #3 ' s medical records revealed she has been diagnosed with having cerebral palsy, which supports the QMRP ' s statement of " her hands are contracted " . It is not clear how Client #3 ' s physical condition was considered and/or assessed against the implementation requirements of this program. 3. Record review on 12/28/2007 revealed Client #3 ' s IPP listed a functional habilitation program which reads, " 2x monthly, [Client #3] will purchase an item of her choice not to exceed $10 on 75% of the trials presented for six consecutive months by 9/08. Review of the data collections sheets revealed this client has been functioning at the " hand over hand " assistance level dating back to 4/2007. Interview with the facility ' s QMRP at 1:08pm revealed this client has always	{W 249}		

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{W 249}	Continued From page 21 functioned at the " hand over hand " assistance level with regards to this program. There is no evidence that this program was being implemented, monitored and/or revised as necessary. 4. During a review of Client #4 ' s habilitation records on 12/28/2007 the QMRP presented a data collection sheet from 11/2007 which shows Client #4's Range of Motion program. The data on this document reflects that the program is to be implemented on " 5/5 trials " . Interview with the QMRP revealed he was not sure what " 5/5 " meant. He was not sure if it meant 5/5 hours a day, 5/5 days a week or 5/5 trials in a month? There is no evidence that this program was being implemented, monitored and/or revised as necessary. In addition to the information presented above, the facility ' s Plan of Correction alleged that routine QA audits would be conducted to ensure the effective implementation of all the programming objectives outlined in a client ' s ISP/IPPs and that the QMRP would receive additional training to address the active treatment citations levied during the 11/7/2007 re-certification survey. There was no evidence presented or on file at the time of the monitoring visit to substantiate that the client ' s programs were being implemented as written; that the QA audits were being performed to catch the continued failure of implementing client ' s active treatment programs; nor was there evidence that the QMRP had been trained to address the deficient practices that were cited previously and are still outstanding to date.	{W 249}		

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{W 249}	Continued From page 22 Based on observation, interview and record review, the facility failed to ensure that as soon as the interdisciplinary team formulated a client' s individual program plan, each client must receive continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan, for four of the four clients (Clients #1, #2, #3, and #4) included in the sample. The findings include: Observation of Clients #2 and #3 on November 5, 2007 during the morning medication administration beginning at 7:44 AM revealed the nurse punched all of the client's medications from their bubble packs and provided the clients with a beverage (water and juice, respectively) to drink. Client #2 was observed in her bedroom to take her medications from the medication cup and individually place them into her mouth in order to swallow them. Client #3 was observed to be fed her medications by the nurse. Interview was conducted with the Facility (FC) and Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:57 AM and 9:59 AM respectively, to ascertain if any of the clients in the facility had a self-medication program. The FC and QMRP revealed that none of the clients participated in a formal program to learn skills in the domain of self-medication administration. This was verified through the review of Client #2's record on November 6, 2007 and Client #4's on November 7, 2007.	{W 249}		

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{W 249}	Continued From page 23 Continued observation on November 5, 2007 at 4:23 PM revealed Clients #1, #2, #3 and #4 in the facility. At 4:26 PM, Client #1 was observed seated in the living room in her wheelchair with her legs crossed. At 4:30 PM, Client #2 was observed seated on the sofa in the living room engaged with a portable electric keyboard (either playing it or listening to it). Client #4 was observed to be repositioned from her wheelchair to a large bean bag in the living room. At 4:43 PM, Client #2 was asked to by the QMRP to dance. The client danced until 4:46 PM and then resumed her activity with the keyboard. At 5:01 PM, Client #2 was observed to have a cylinder shaped object that rattled in her hand. Observation of Client #1 at 4:40 PM, revealed a direct care staff attempting to engage the client in an activity with a ball. The QMRP was also observed to participate in the activity by offering the client different balls from which to choose. At 4:41 PM, however, Client #1 was escorted by a direct care staff to her bedroom to change her adult protective undergarment. At 4:55 PM, Client #1 was escorted back to the living room. At 4:57 PM, Clients #1 and #4 were escorted to their bedroom. Interview with the QMRP revealed that Clients #1 and #4 remained in their bedroom during mealtimes because they both were fed through their g-tubes. Continued client observation at 5:04 PM, revealed Client #2 walking down the hallway with the Facility Coordinator (FC). The Assistant Director of Residential Services (ADRS) followed shortly behind the FC to remind the FC about the guide cane to be used by Client #2 during ambulation. It should be noted that Client #2 was observed to be blind. At 5:17 PM, dinner was served at the	{W 249}		

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{W 249}	Continued From page 24 dining room table by staff. Each client's plate was individually prepared in the kitchen by staff and placed on the table. Clients #2 and #3 were not observed to be involved with meal preparation or service. At approximately 5:31 PM, dinner was concluded. Clients #2 and #3 were neither observed to remove their dishes from the table nor were they observed to be involved in component of dinner clean up. Observation on November 6, 2007 beginning at 3:40 PM revealed Client #3 in the kitchen with a direct care staff during dinner preparation. The client remained in the kitchen until 4:04 PM. The client was not observed to participate/assist with dinner preparation. At 4:06 PM, Client #3 was observed participating in an activity that required her to identify objects/animals on flash cards. Observation on November 7, 2007 at 8:44 AM revealed Client #2 seated on the sofa in the living room. The client remained on the sofa in the living room until 9:31 AM when she was escorted to the van to depart for day program. 1. Review of Clients #1, #2, #3 and #4's records revealed information regarding their formal training programs and data collection. According to the review of Client #1's record on November 6, 2007 at 4:01 PM, the client's Individual Support Plan (ISP) was held on August 1, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 6:29 PM) revealed the team recommended the following programs for the current ISP year: a. Client #1 will tolerate her hands being groomed on 80% of the trial recorded per month for six consecutive months by August 2008.	{W 249}		

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{W 249}	Continued From page 25 Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. b. Three times a week when prompted by staff Client #1 will tolerate having a textured item rubbed on arms (lotion, sponge, cotton balls, cloth, feather, etc.) for 4 minutes on 80% of the trials 3 recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. c. Client #1 will listen to one story being read to her by staff for five minutes on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. d. Three times weekly, Client #1 will participate in a multisensory stimulation activity for five minutes with hand over hand assistance for six consecutive months by January 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. It should be noted that further review of Client #1's data collection record revealed that data was being collected on all of objectives recommended for the previous year's ISP 2. According to the review of Client #2's record on November 7, 2007 at 2:30 PM, the client's ISP was held on April 12, 2007. Interview with the	{W 249}		

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{W 249}	Continued From page 26 QMRP and review of the client's corresponding IPP for the ISP (at 3:14 PM) revealed the team recommended the following programs for the current ISP year: a. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will carry her laundry inside the basket to the laundry room on 80% of the trials recorded per month for 6 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. b. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will participate in a group reading session with two of her peers for five minutes on 80% of the trials recorded per month for 12 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. c. Client #2 will enhance social awareness skills. Once per month, Client #2 will visit a sight/sound center or nature center with physical assistance for 3 consecutive months by 6/07. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. d. Client #2 will enhance social interaction skills. Three times per week, Client #2 will participate in a music related activity for 10 minutes with physical assistance for 6 consecutive months by 9/07. Interview with the QMRP and review of the client's record revealed data had been collected for September 2, 4 and 6, 2007, only.	{W 249}		

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{W 249}	Continued From page 27 3. Review of Client #3's record on November 7, 2007 at 11:55 AM, revealed the client's ISP was held on August 2, 2006. Interview with the QMRP and continued review of the client's record revealed the ISP was expired. Additional interview with the QMRP and review of the client's data collection record revealed the client continued to work on program objectives specified in the August 2006 ISP It should be noted however, that interview with the Assistant Director of Residential Services (ADRS) on November 7, 2007 revealed that Client #3 had an ISP on September 7, 2007. Review of the IPP for the September 2007 ISP and interview with the QMRP revealed that only two formal residential program were recommended. One program objective required Client #3 to improve her functional communication skills and the other objective required the client to enhance her money management skills. Continued interview the QMRP and review of Client #3's record revealed the following as it pertained to her recommended program objectives: a. Client #3 will select the software program she wishes to use on the computer for 4 out of 5 trials as measured by active treatment documentation. Interview with the QMRP revealed that the aforementioned program was continued from the previous year. That information was verified through review of the QMRP monthly progress notes. According to the notes, Client #3 was unable to participate with the program from February 2007 through April 2007 due to either the computer or the printer malfunctioning. Further review of the QMRP notes revealed the client failed to achieve the criteria specified in the program from May 2007 through September	{W 249}		

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{W 249}	Continued From page 28 2007. b. Two times monthly, Client #3 will purchase an item of her choice not to exceed $10.00 on 75% of the trials presented for six consecutive months by September 2008. Interview with the QMRP and record review revealed that the aforementioned program was continued from the previous year with one slight modification. According to review the QMRP monthly notes from January 2007 through September 2007 the client was not to exceed $5.00 when purchasing an item of her choice. Continued review of the notes revealed that the program was not implemented in January and February 2007 due to the cold weather. According to the April 2007 monthly Client #3 refused to performed the objective and could not perform the objective due to the problems with the facility van (not working). Review of the QMRP monthly notes from May 2007 through September 2007 revealed the client met the criteria outlined in the objective with 100% accuracy. Note: It should be noted that interview with the QMRP on November 5, 2007 at 8:47 AM revealed Clients #3 was scheduled to move to a less restrictive environment (supervised apartment). 4. On November 7, 2007 review of Client #4's record at 4:21 PM revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 5:23 PM) revealed the team recommended the following program for the current ISP year: Client #4 will improve activities of daily living	{W 249}		

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{W 249}	Continued From page 29 skills. Given hand over hand assistance, Client #4 will help brush her teeth on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP, revealed that at the time of the survey, the aforementioned program had not been implemented. Continued record review revealed additional program objectives were recommended at the 2007 ISP that were continued from the previous ISP. They included objectives to participate in lower extremity range of motion exercises, improve communication skills by passing an object and participate in a multi-sensory stimulation activity. Interview with the QMRP and record review on November 7, 2007, revealed that Client #2 had already met the criteria outlined in the continued program objectives. At the time of the survey, the QMRP failed to provide information that justified why the program objectives were continued (See also W255). The facility failed to provide evidence that Clients #1, #2, #3, and #4 were provided the opportunity to participate with recommended program objectives in the form and frequency required.	{W 249}		
{W 252}	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implemented effective systems that	{W 252}		

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{W 252}	Continued From page 30 ensured data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. The findings include: 1. Staff interview and record review revealed the facility failed to implement the necessary systems as outlined in their plan of correction to address the citations which were levied during the 11/7/2007 re-certification survey. Examples of these continued deficiencies can be referenced in W249. 2. During a review of Client #4 ' s habilitation records on 12/28/2007 the QMRP presented a data collection sheet from 11/2007 which shows Client #4's Range of Motion program. The data on this document reflects that the program is to be implemented on " 5/5 trials " . The data collection legend indicated that the staff should " indicate the appropriate number of repetitions or distance the consumer has walked " on the data collection sheets. The facility ' s staff has been marking the " implementation " of the program with a plus (+) sign. This sign does not provide for a measureable term as specified in the data collection legend. Interview with the QMRP revealed he was not sure why the staff was documenting the programming activities that way. There was no evidence that this program was being implemented, monitored and/or revised as necessary.	{W 252}		
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation	W 257		

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W 257	Continued From page 31 professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to implement the necessary systems to ensure that client programs are being revised when there ' s no improvement in a client ' s response to the functional programming efforts. The finding includes: 1. Record review on 12/28/2007 revealed Client #3 ' s IPP listed a functional habilitation program which reads, " 2x monthly, [Client #3] will purchase an item of her choice not to exceed $10 on 75% of the trials presented for six consecutive months by 9/08. Review of the data collections sheets revealed this client has been functioning at the " hand over hand " assistance level dating back to 4/2007. Interview with the facility ' s QMRP at 1:08pm revealed this client has always functioned at the " hand over hand " assistance level with regards to this program. There is no evidence that this program was being implemented, monitored and/or revised as necessary. 2. During a review of Client #3 ' s habilitation records, the QMRP indicated that Client #3 can identify coins up to the paper dollar level. Additional record review revealed her money management assessment indicated she is "dependent" on all aspects of money management. The data collection sheets reflect	W 257		

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W 257	Continued From page 32 that there was no data on file for December 2007 and for November 2007 she has refused all attempts at being taking out in the community to take part in purchases. The QMRP indicated that Client #3 generally refuses the opportunities to go out in the community. There was no evidence on file or presented at the time of survey to substantiate that this program was being implemented, monitored and/or or revised as necessary.	W 257		
{W 331}	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement the necessary systems to ensure that each client received nursing services in accordance with their needs. The finding includes: Staff interview and record review on 12/28/2007 revealed this facility was cited on 11/7/2007 for failing to ensure the day program ' s nursing staff properly implemented the use of Client #3 ' s " abdominal binder " as ordered by the Primary Care Physician. The facility ' s plan of corrected stated that by 12/31/2007, " physician ' s order includes information about the abdominal binder " and that " nurses will document daily to support interventions " and finally that the " RN will continue to conduct routine audits/observations to further ensure compliance with this standard " . Record review with the QMRP ' s assistance revealed there was no evidence that any member	{W 331}		

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{W 331}	Continued From page 33 of the nursing staff had attended the day program to address this deficient practice or that the information was included and/or added to the physician ' s order sheets. Moreover, there was no physical evidence of documentation presented or on file in the client ' s records to substantiate that any measure(s) had been taken to address this deficient practice at the day program. Based on observation, interview and record review, the facility's nursing services failed to ensure that each client received nursing services in accordance with their needs, for one of the four clients included in the sample. (Clients #1) The finding includes: Observation at Client #1's day program on November 6, 2007 at 12:16 PM revealed the nurse assisting the client with her g-tube feeding. At 12:20 PM, the feeding was completed and the nurse was observed to immediately secure Client #1's abdominal bandage covering her g-tube. At 12:24 PM, the nurse was observed to return Client #1 to her classroom area. Review of the Client #1's medical records on November 6, 2007 at 1:53 PM revealed a written physician's order dated April 10, 2007 that documented to cover the g-tube with an abdominal binder every shift for protection. Release abdominal binder every hour for 10 minutes after feeding. It should be noted that there was no documented evidence that revealed the order was discontinued. It should be further noted that review of Client #1's physician's orders for June 2007 and September 2007 (good for 120	{W 331}		

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{W 331}	Continued From page 34 days) on November 7, 2007, failed to document information about the abdominal binder. Interview was conducted with the residential nurse on November 6, 2007 at 5:21PM to ascertain information about the aforementioned order regarding the abdominal binder. According to the nurse, Client #1's abdominal binder was released for one hour after feeding. When further queried to ascertain if the one hour release of the binder was still practiced by the interviewed nurse, the nurse responded "yes." At the time of the survey, the facility's nursing services failed to ensure the aforementioned order was adhered to as written.	{W 331}		

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{I 000}	INITIAL COMMENTS A re-licensure survey was conducted from November 5, 2007 through November 7, 2007. A random sample of four residents was selected from a residential population of eight females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews and a review of records, including unusual incident reports.	{I 000}		
{I 002}	3500.2 GENERAL PROVISIONS Each GHMRP licensee and residence director shall demonstrate that he or she understands that the provisions of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 govern the care and rights of mentally retarded persons in addition to this chapter. This Statute is not met as evidenced by: Based on interview with the facility failed to ensure that the GHMRP licensee and residence director demonstrated that he or she understands the provisions of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 govern the care and rights of mentally retarded persons. The finding include: 1. The facility's Qualified Mental Retardation Professional failed to demonstrate understanding of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 Subchapter V pertaining to providing habitation services. (See Federal Deficiency Report Citation W249)	{I 002}		

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{I 002}	Continued From page 1 2. The facility's QMRP failed to demonstrate understanding of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 Subchapter V pertaining to prohibiting mistreatment, neglect and abuse. (See Federal Deficiency Report Citation W153)	{I 002}		
{I 090}	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner. The findings include: Observation and interview with the Facility Coordinator during the environmental walkthrough on November 7, 2007 revealed the following. 1 The hot water faucet handle was missing in the boiler room. Additionally, the hot water was observed to be constantly dripping. 2. The ceiling in Clients #1 and #4's bedroom was cracked and stained. Additionally, the walls were soiled and stains were running down the wall. 3. There were two arm chairs in the dining room that had missing/broken arms.	{I 090}		

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{I 203}	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the Facility Coordinator and review of the GHMRP's personnel files on November 5, 2007, revealed the GHMRP failed to provide evidence that one direct care staff and six nurses had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	{I 203}		
{I 206}	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification	{I 206}		

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{I 206}	Continued From page 3 that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Facility Coordinator and review of the GHMRP's personnel files on November 5, 2007, revealed the GHMRP failed to provide evidence that current health certificates were on file for two direct care staff and four consultants.	{I 206}		
{I 379}	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the eight residents (Resident #8) that resided in the facility. The finding includes:	{I 379}		

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{I 379}	Continued From page 4 The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. The allegation of physical abuse was investigated, and further review of the incident report form revealed that the State Agency's Health Services Coordinator was notified. Interview with the State Agency's Health Services Program Coordinator on November 14, 2007 at approximately 7:30 PM revealed that this office (DOH) was not notified of the aforementioned incident/investigation.	{I 379}		
{I 422}	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to four out of four residents (Residents #1, #2, #3, and #4) in the sample as specified in their Individual Habilitation Plan(s). The finding includes: Observation of Clients #2 and #3 on November 5, 2007 during the morning medication administration beginning at 7:44 AM revealed the nurse punched all of the client's medications from their bubble packs and provided the clients with a beverage (water and juice, respectively) to drink. Client #2 was observed in her bedroom to take her medications from the medication cup and individually place them into her mouth in order to	{I 422}		

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{I 422}	Continued From page 5 swallow them. Client #3 was observed to be fed her medications by the nurse. Interview was conducted with the Facility (FC) and Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:57 AM and 9:59 AM respectively, to ascertain if any of the clients in the facility had a self-medication program. The FC and QMRP revealed that none of the clients participated in a formal program to learn skills in the domain of self-medication administration. This was verified through the review of Client #2's record on November 6, 2007 and Client #4's on November 7, 2007. Continued observation on November 5, 2007 at 4:23 PM revealed Clients #1, #2, #3 and #4 in the facility. At 4:26 PM, Client #1 was observed seated in the living room in her wheelchair with her legs crossed. At 4:30 PM, Client #2 was observed seated on the sofa in the living room engaged with a portable electric keyboard (either playing it or listening to it). Client #4 was observed to be repositioned from her wheelchair to a large bean bag in the living room. At 4:43 PM, Client #2 was asked to by the QMRP to dance. The client danced until 4:46 PM and then resumed her activity with the keyboard. At 5:01 PM, Client #2 was observed to have a cylinder shaped object that rattled in her hand. Observation of Client #1 at 4:40 PM, revealed a direct care staff attempting to engage the client in an activity with a ball. The QMRP was also observed to participate in the activity by offering the client different balls from which to choose. At 4:41 PM, however, Client #1 was escorted by a direct care staff to her bedroom to change her adult protective undergarment. At 4:55 PM, Client #1 was escorted back to the living room.	{I 422}		

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{I 422}	Continued From page 6 At 4:57 PM, Clients #1 and #4 were escorted to their bedroom. Interview with the QMRP revealed that Clients #1 and #4 remained in their bedroom during mealtimes because they both were fed through their g-tubes. Continued client observation at 5:04 PM, revealed Client #2 walking down the hallway with the Facility Coordinator (FC). The Assistant Director of Residential Services (ADRS) followed shortly behind the FC to remind the FC about the guide cane to be used by Client #2 during ambulation. It should be noted that Client #2 was observed to be blind. At 5:17 PM, dinner was served at the dining room table by staff. Each client's plate was individually prepared in the kitchen by staff and placed on the table. Clients #2 and #3 were not observed to be involved with meal preparation or service. At approximately 5:31 PM, dinner was concluded. Clients #2 and #3 were neither observed to remove their dishes from the table nor were they observed to be involved in component of dinner clean up. Observation on November 6, 2007 beginning at 3:40 PM revealed Client #3 in the kitchen with a direct care staff during dinner preparation. The client remained in the kitchen until 4:04 PM. The client was not observed to participate/assist with dinner preparation. At 4:06 PM, Client #3 was observed participating in an activity that required her to identify objects/animals on flash cards. Observation on November 7, 2007 at 8:44 AM revealed Client #2 seated on the sofa in the living room. The client remained on the sofa in the living room until 9:31 AM when she was escorted to the van to depart for day program. 1. Review of Clients #1, #2, #3 and #4's records	{I 422}		

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{I 422}	Continued From page 7 revealed information regarding their formal training programs and data collection. According to the review of Client #1's record on November 6, 2007 at 4:01 PM, the client's Individual Support Plan (ISP) was held on August 1, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 6:29 PM) revealed the team recommended the following programs for the current ISP year: a. Client #1 will tolerate her hands being groomed on 80% of the trial recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. b. Three times a week when prompted by staff Client #1 will tolerate having a textured item rubbed on arms (lotion, sponge, cotton balls, cloth, feather, etc.) for 4 minutes on 80% of the trials 3 recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. c. Client #1 will listen to one story being read to her by staff for five minutes on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. d. Three times weekly, Client #1 will participate in a multisensory stimulation activity for five minutes with hand over hand assistance for six consecutive months by January 2008. Interview	{I 422}		

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{I 422}	Continued From page 8 with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. It should be noted that further review of Client #1's data collection record revealed that data was being collected on all of objectives recommended for the previous year's ISP 2. According to the review of Client #2's record on November 7, 2007 at 2:30 PM, the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 3:14 PM) revealed the team recommended the following programs for the current ISP year: a. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will carry her laundry inside the basket to the laundry room on 80% of the trials recorded per month for 6 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. b. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will participate in a group reading session with two of her peers for five minutes on 80% of the trials recorded per month for 12 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. c. Client #2 will enhance social awareness skills. Once per month, Client #2 will visit a sight/sound center or nature center with physical assistance for 3 consecutive months by 6/07. Interview with	{I 422}		

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{I 422}	Continued From page 9 the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. d. Client #2 will enhance social interaction skills. Three times per week, Client #2 will participate in a music related activity for 10 minutes with physical assistance for 6 consecutive months by 9/07. Interview with the QMRP and review of the client's record revealed data had been collected for September 2, 4 and 6, 2007, only. 3. Review of Client #3's record on November 7, 2007 at 11:55 AM, revealed the client's ISP was held on August 2, 2006. Interview with the QMRP and continued review of the client's record revealed the ISP was expired. Additional interview with the QMRP and review of the client's data collection record revealed the client continued to work on program objectives specified in the August 2006 ISP It should be noted however, that interview with the Assistant Director of Residential Services (ADRS) on November 7, 2007 revealed that Client #3 had an ISP on September 7, 2007. Review of the IPP for the September 2007 ISP and interview with the QMRP revealed that only two formal residential program were recommended. One program objective required Client #3 to improve her functional communication skills and the other objective required the client to enhance her money management skills. Continued interview the QMRP and review of Client #3's record revealed the following as it pertained to her recommended program objectives: a. Client #3 will select the software program she wishes to use on the computer for 4 out of 5 trials as measured by active treatment documentation. Interview with the QMRP revealed that the	{I 422}		

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{I 422}	Continued From page 10 aforementioned program was continued from the previous year. That information was verified through review of the QMRP monthly progress notes. According to the notes, Client #3 was unable to participate with the program from February 2007 through April 2007 due to either the computer or the printer malfunctioning. Further review of the QMRP notes revealed the client failed to achieve the criteria specified in the program from May 2007 through September 2007. b. Two times monthly, Client #3 will purchase an item of her choice not to exceed $10.00 on 75% of the trials presented for six consecutive months by September 2008. Interview with the QMRP and record review revealed that the aforementioned program was continued from the previous year with one slight modification. According to review the QMRP monthly notes from January 2007 through September 2007 the client was not to exceed $5.00 when purchasing an item of her choice. Continued review of the notes revealed that the program was not implemented in January and February 2007 due to the cold weather. According to the April 2007 monthly Client #3 refused to performed the objective and could not perform the objective due to the problems with the facility van (not working). Review of the QMRP monthly notes from May 2007 through September 2007 revealed the client met the criteria outlined in the objective with 100% accuracy. Note: It should be noted that interview with the QMRP on November 5, 2007 at 8:47 AM revealed Clients #3 was scheduled to move to a less restrictive environment (supervised apartment).	{I 422}		

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{I 422}	Continued From page 11 4. On November 7, 2007 review of Client #4's record at 4:21 PM revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 5:23 PM) revealed the team recommended the following program for the current ISP year: Client #4 will improve activities of daily living skills. Given hand over hand assistance, Client #4 will help brush her teeth on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP, revealed that at the time of the survey, the aforementioned program had not been implemented. Continued record review revealed additional program objectives were recommended at the 2007 ISP that were continued from the previous ISP. They included objectives to participate in lower extremity range of motion exercises, improve communication skills by passing an object and participate in a multi-sensory stimulation activity. Interview with the QMRP and record review on November 7, 2007, revealed that Client #2 had already met the criteria outlined in the continued program objectives. At the time of the survey, the QMRP failed to provide information that justified why the program objectives were continued (See also W255). The facility failed to provide evidence that Clients #1, #2, #3, and #4 were provided the opportunity to participate with recommended program objectives in the form and frequency required.	{I 422}		
{I 424}	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the	{I 424}		

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{I 424}	Continued From page 12 resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure program revisions were made at least every six months or when a resident successfully completed the objective for two out of four residents (Resident #2 and #4) included in the sample. The finding includes: 1. Review of Client #2's record on November 7, 2007 at 2:30 PM, revealed the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP at 3:14 PM revealed the team recommended the following program objective for the current ISP year: Client #2 will improve functional communication skills. When given verbal prompts, Client #2 will activate a keyboard for 5 of 5 trials as measured by Active Treatment Documentation. According to interview with the QMRP at 3:59 PM, the aforementioned program was continued from last year with slight modifications. Last year's ISP required the client to perform the task 3 out of 5 trials. Review of the documentation for last years program objective revealed the client completed the program for 5 out of 5 trials per month from September 2006 through February 2007; then again from May 2007 through August 2007. The QMRP was queried to determine what skills the client was supposed to learn/attain with the	{I 424}		

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{I 424}	Continued From page 13 modified program. At the time of the survey, continued interview with the QMRP and record review revealed that the client had already met the criteria level established in the modified program prior to its implementation. 2. Review of Client #4's record on November 7, 2007 at 4:21 PM, revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP at 5:23 PM revealed the team recommended the following program objectives for the current ISP year: a. Client #4 will improve lower extremity range of motion. Given physical assistance, Client #4 will participate in lower extremity range of motion exercises 10 repetitions holding for 15 seconds, 5 days per week for 12 consecutive months. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month with the exception of April 2007 since November 2006. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. b. To improve functional communication skills. After placing an object in Client #4's hand, she will give the object to the trainer, upon request, for 3 of 5 trials as measured by active treatment documentation. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met	{I 424}		

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{I 424}	Continued From page 14 every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. c. To enhance attending skills. Once a week, Client #4 will participate in a mult-sensory stimulation activity of her selection for 5 minutes with hand over hand assistance for 6 consecutive months by 8/08. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision.	{I 424}		